PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

37310-000137P

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
ТО	TAL CLAIMS		11					RATE	FEE		RATE	FEE	
FO	R	NUMBER I	(/6 NUMBER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS /b minus 20				us 20=	* q			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 3 minus 3 =					* d	, 		X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	·	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	740	
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1)		(Colu		(Column 3) SMA			ENTITY	OR	R SMALL ENTIT		
ENT A	y °	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***]	X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	LIPLE DEF	PENDEN	CLAIM		J	+140=		OR	+280=	. •	
								TOTAL			TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	•	
AME	Independent	*	Minus	***		=	╛╽	X42=		OR	X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┃	+140=			+280=		
								TOTAL		OR	TOTAL		
ADDIT. FEE										OR	ADDIT. FEE		
_		(Column 1) CLAIMS		_	mn 2) HEST	(Column 3) T	,						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	·	=	11	X\$ 9=		OR	X\$18=	1 66	
	Independent	*	Minus	***		=-]	X42=			X84=		
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	T CLAIM		 			OR	<u> </u>		
* :	If the entry in colu	mn 1 is less than th	ne entry in coli	ıma 2 weit	e "O" in co	lumn 3	l	+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										•			

									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003)		10/	06	6021	8
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTIT		TY 	OTHER THA		
TOTAL CLAIMS							RATE FE		FEE	٦	RATE	FEE	
FOR			NUMBER FILED NUMBI			BER EXTRA		BASIC F		\$375	OR		
TOTAL CHARGEABLE CLAIMS			minus 20= *		*			X\$ 9:	_		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *					X42=	_		OR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Мι	JLTIPLE DEPE	NDENT CLAIM F	RESENT				+140=				7	<u> </u>	
* [1	the difference	e in column 1 is	less than zero, enter "0" in column 2				<u></u>		·	OR		·	
CLAIMS AS AMENDED - PART II							TOTA	L		OR	TOTAL		
(Column 1) (Column 2) (Column 3)						SMAL	L EN	ΓΙΤΥ	OR	SMALL	THAN ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL		RATE	ADDI- TIONAL FEE
	Total	.16	Minus	"2ª	9	=		X\$ 9=			OR	X\$18=	
	Independent	. 3	Miņus	*** 3		=		X42=	7000	-	OR.	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM		İ	+140=			1]	+280=	
							Ĺ	TOTA	T .		OR OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT, FE	E L		Uh ,	ADDIT. FEE	
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST JER USLY JOR	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	20) 	=		X\$ 9=			OR	X\$18=	
AMEND	Independent	* 5	Minus	*** \(\frac{1}{2} \)	CLAIM	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		X42=			OR	X84=	168
		·	CHEC DE		CLAIIVI			+140=			OR	+280≐	
	•						L	TOTAL DDIT. FEE				TOTAL ADDIT. FEE	168pg
	·	(Column 1)		(Colum	n 2)	(Column 3)	^	DON. FEE			,		
WEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ST ER JSLY	PRESENT EXTRA		RATE	AD TIO	NAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	:	=		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=	r	X42=	1		ŀ	X84=	·
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		 		+	\dashv	OR		
* If	the entry in colur	nn 1 is less than the	e entry in colu	mn 2. write "	0" in colı	umn 3.	L	+140=		(OR L	+280=	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													